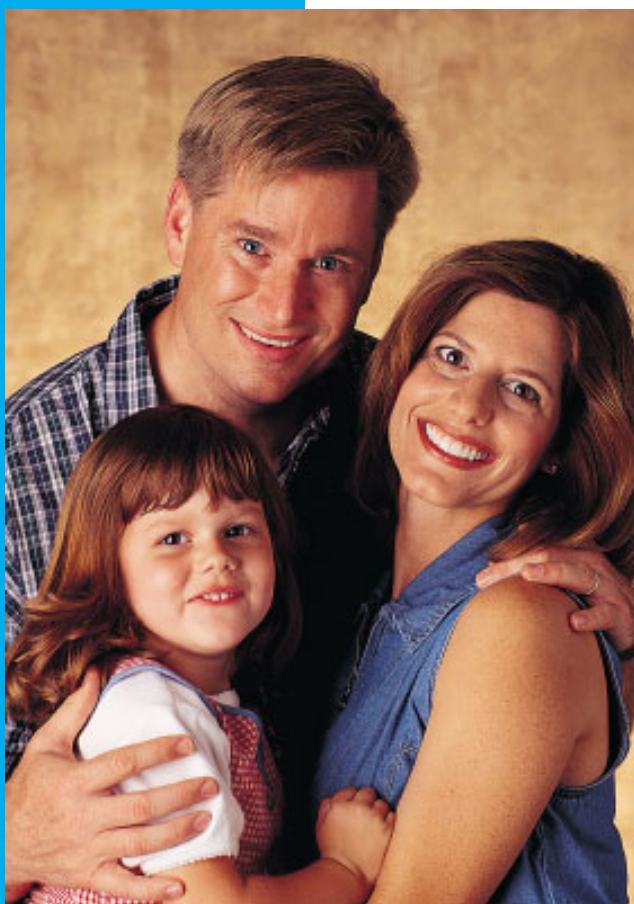


## GETTING TO KNOW YOUR DELTACARE PROGRAM

DeltaCare (administered by PMI Dental Health Plan) provides you and your family with quality dental benefits at an affordable cost. The DeltaCare program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare network consists of private practice dental facilities that have been carefully screened for quality.



### QUALITY

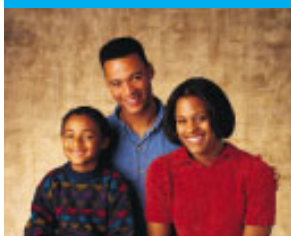
- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

### CONVENIENCE

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 5 a.m. to 6 p.m., Pacific Time

### COST SAVINGS

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to \$100 each 12-month period
- No annual dollar maximum except for accidental injury



# Highlights of Your DeltaCare Program

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## Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

## Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

## How your DeltaCare program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a PMI membership packet including an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the Description of Benefits and Copayments for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by PMI to be covered by your DeltaCare program.

## Provisions for emergency care

Under your DeltaCare program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses incurred in each 12-month period for each enrollee.

## Accident injury benefit

The DeltaCare program provides coverage for accidental injury (caused by external forces) at 100% of the contract dentist's "filed fees" for benefits (less any applicable copayments). The enrollee must be eligible under the DeltaCare program when the accident occurs. Accident injury benefits are subject to a \$1600 maximum, per 12 months, per person.

## What is PMI?

PMI administers DeltaCare dental programs and is an affiliate of Delta Dental Plan of California. PMI has administered DeltaCare programs for more than 30 years. PMI contracts with DeltaCare dentists to ensure quality care for enrollees. Today, more than 1.25 million enrollees are covered by DeltaCare programs.

## My dentist is a Delta dentist but is not on the list of DeltaCare dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare contract dentist. Please note that Delta dentists are not necessarily DeltaCare dentists. With more than 2,600 general and specialist dentists, the DeltaCare network is one of the largest dental networks in California.

## Do my family members receive treatment from the same DeltaCare contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three individual contract dental facilities.

## Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our web site ([www.deltadentalca.org/pmi](http://www.deltadentalca.org/pmi)). If you contact us by the 21st of the month, the change will become effective the first of the following month.

## How long does it take to get an appointment with a DeltaCare dentist?

Two to four weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare dentists are in private group practices, which means greater appointment availability and extended office hours.

## Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions such as extracted teeth is covered under the DeltaCare program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures).

## How does the DeltaCare program encourage preventive care?

Your DeltaCare program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed Description of Benefits and Copayments.

## Does my DeltaCare program cover specialists' services?

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment. If you or your dependent is assigned to a dental school clinic for specialty services, those services may be provided by a dentist, a dental student, a clinician or a dental instructor.

## What if I have questions about my DeltaCare program?

Call PMI Customer Relations at (800) 422-4234. We have multilingual representatives available from 5 a.m. to 6 p.m. Pacific Time, Monday through Friday. Our Customer Relations representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

### LIMITATIONS OF BENEFITS

In addition to the following, please review Schedule A for a complete list of limitations.

1. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits;
2. If a biopsy is prior approved by PMI to an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost;
3. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application;
4. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling;
5. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non functional or non restorable and meets the five+ year limitation (Limitation #7);
6. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is \$75.00;
7. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
  - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and**
  - b. Either of the following:
    - The existing non-functional restoration/bridge/denture was placed five+ or more years prior to its replacement, **or**
    - If an existing partial denture is less than five+ years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture;
8. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth;
9. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy;
10. Coverage for the placement of a fixed partial denture (bridge) or removable partial denture:
  - a. Fixed partial denture (bridge):
    - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved; **or**
    - The new bridge would replace an existing, non functional bridge utilizing identical abutments and pontics (see Limitation #7); **or**
    - Each abutment tooth to be crowned meets Limitation #5;
  - b. Removable partial denture
    - Cast metal (D5213, D5214), one or more teeth are missing in an arch;
    - Resin based (D5211, D5212), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease (see Limitation #7);
11. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
  - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture; **or**
  - The replacement of permanent tooth/teeth for children under 16 years of age;

12. Retained primary teeth shall be covered as primary teeth;
13. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance;
14. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by PMI, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis;
15. Soft tissue management programs are limited to periodontal pocket charting, root planing, scaling, curettage, oral hygiene instruction, periodontal maintenance and/or prophylaxis. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter the benefit for other covered services;

### EXCLUSIONS OF BENEFITS

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*;
2. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is paid. Services that are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code;
3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility;
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges);
5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage;
6. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics;
7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.) except for the treatment of newborn children with congenital defects or birth abnormalities;
8. Dispensing of drugs not normally supplied in a dental facility;
9. Any procedure that in the professional opinion of the Contract Dentist or PMI's dental consultant:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
  - b. is inconsistent with generally accepted standards for dentistry;
10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized in writing by PMI or as cited under *Provisions for Emergency Care*. To obtain written authorization, the Enrollee should call PMI's Customer Relations department at (800) 422-4234;
11. Consultations for non-covered benefits;
12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
13. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;



14. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth;
15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ);
16. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered benefits. This exclusion does not eliminate the benefit for other covered services;
17. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;
18. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions;
19. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.
6. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual and customary fee;
7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.

### ORTHODONTIC EXCLUSIONS

1. Pre-, mid and post treatment records which include cephalometric x-rays, tracings, photographs and study models;
2. Lost, stolen or broken orthodontic appliances;
3. Retreatment of orthodontic cases;
4. Changes in treatment necessitated by accident of any kind;
5. Initial or continuing orthodontic treatment when such treatment would be inconsistent with generally accepted professional standards;
6. Surgical procedures incidental to orthodontic treatment;
7. Myofunctional therapy;
8. Surgical procedures related to cleft palate, micrognathia, or macrognathia;
9. Treatment related to temporomandibular joint disturbances;
10. Supplemental appliances not routinely used in typical comprehensive orthodontics;
11. Restorative work caused by orthodontic treatment;
12. Phase I orthodontics\*, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion;
13. Extractions solely for the purpose of orthodontics;
14. Treatment in progress at inception of eligibility;
15. Composite bands, lingual adaptation of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

\* Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

### ORTHODONTIC LIMITATIONS

The DeltaCare program provides coverage for orthodontic treatment plans provided through PMI's Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in *Schedule A, Description of Benefits and Copayments* and subject to the following:

1. Orthodontic treatment must be provided by the Contract Orthodontist;
2. Benefits cover 24 months of active comprehensive orthodontic treatment. Included is the initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustment to retainers and office visits for a maximum of two years;
3. Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee not to exceed \$75.00 per month;
4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not PMI will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of \$2,800.00 for covered dependent children to age 19 and \$3,000.00 for covered adults and dependent children to age 23. The amount will be prorated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist;
5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of \$25.00 in addition to diagnostic record fees;

If you have any questions or need additional information, call or write:



DENTAL HEALTH PLAN  
An Affiliate of Delta Dental Plan  
of California

12898 Towne Center Drive  
Cerritos, CA 90703-8579  
(800) 422-4234

Visit us at our web site: [www.deltadentalca.org/pmi](http://www.deltadentalca.org/pmi)

06/2003

### NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment. If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Customer Relations department at (800) 422-4234.